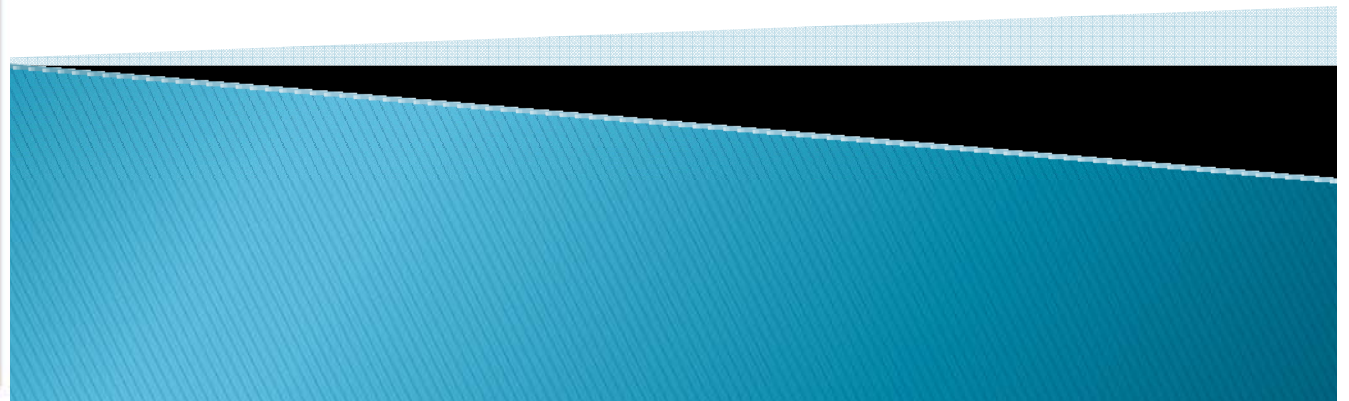


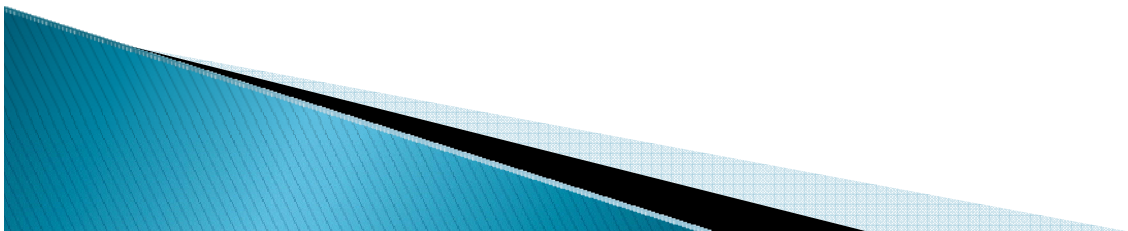
Integrating Programs Improved Treatment Outcomes

Colorado River Indian Tribes



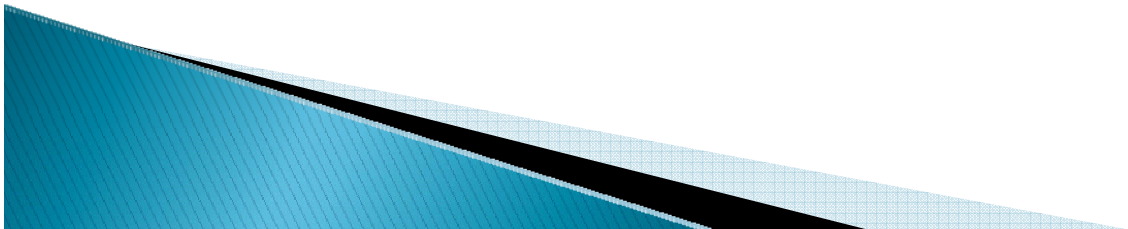
Colorado River Indian Tribes

- ▶ Gerald Szymanski, M.A., LPC, LISAC
- ▶ Clinical Director Behavioral Health Services
- ▶ 12033 Agency Rd., Ste. 730
- ▶ Parker, AZ 85344
- ▶ (928) 669-3256 – Office
- ▶ (928) 669-3252 – Fax
- ▶ gerald.szymanski@critdhs.org



Overview

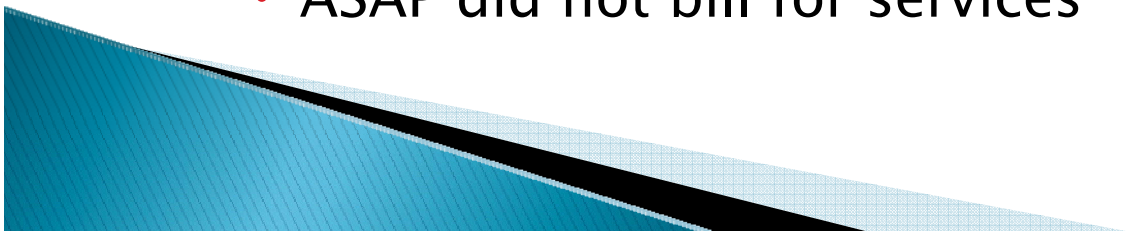
- ▶ Brief History
- ▶ Integration
- ▶ Accomplishments
- ▶ Challenges



Brief History

▶ Prior to 2007

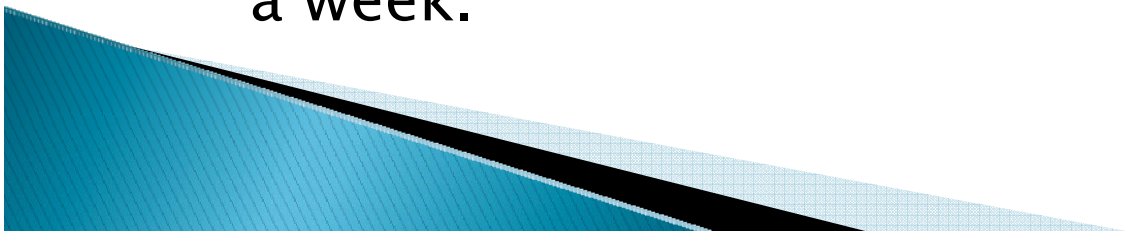
- Behavioral Health Services (BHS) and the Alcohol and Substance Abuse Program (ASAP) were completely separate programs.
- Two intake assessments and two charts
- Confusion about compliance
- BHS billed for services
- ASAP did not bill for services



Brief History

▶ Prior to 2007

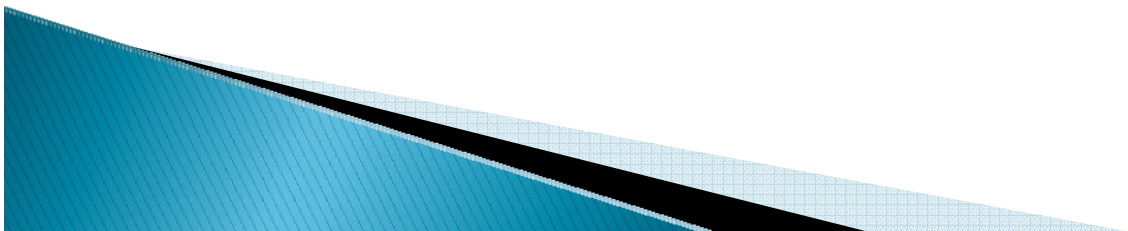
- Substance abuse treatment of choice was out of area residential treatment.
- Residential treatment was expensive with low success rates (18% in 2006 as measured by clients clean and sober 30 days after leaving inpatient treatment).
- Aftercare treatment and intensive outpatient treatment consisted of a two hour group held once a week.



Brief History

▶ Prior to 2007

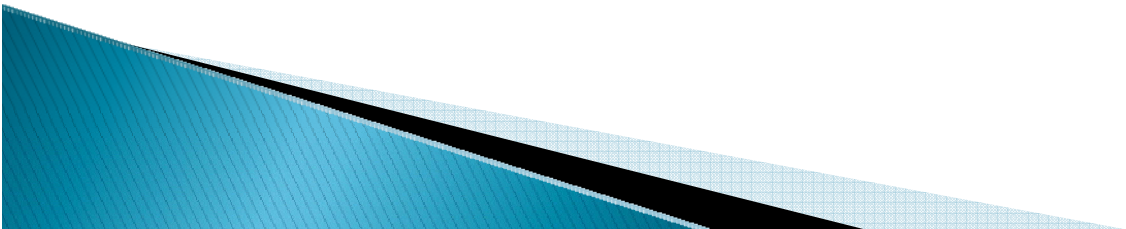
- Inpatient treatment was paid for by the Tribes or by IHS.
- ASAP did not bill for any services provided.
- Difficulty recruiting and retaining independently licensed staff.



Brief History

▶ 2006

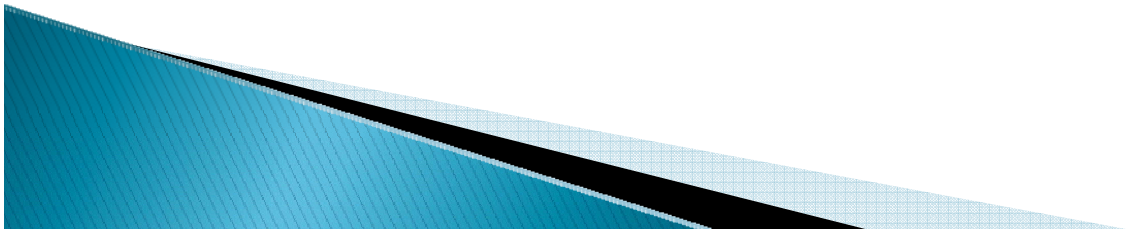
- January to May there were no BHS staff.
- In May, mental health therapists from a local private practice were contracted to provide mental health services
- In August, the pay scale for mental health and substance abuse positions was increased.



Brief History

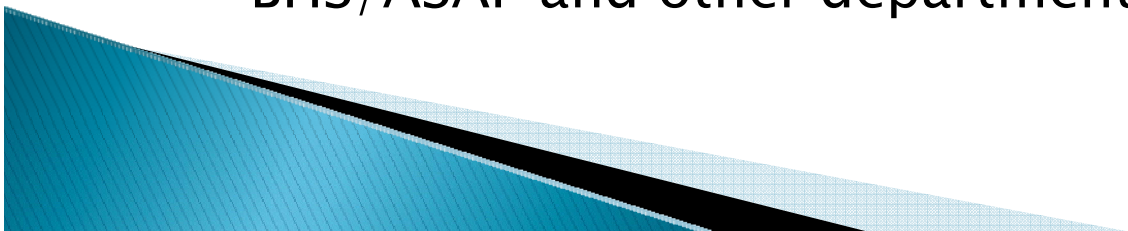
▶ 2006

- August, three independently licensed therapists accepted employment offers after pay rates were raised.
- Between August 2006 and 2007, nine licensed mental health and substance abuse professionals were hired – seven of whom are still employed



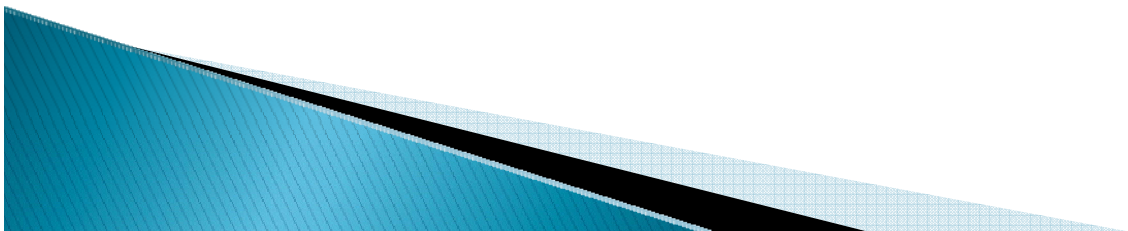
Integration

- ▶ August 2007, BHS and ASAP were evaluated to determine what was working and what was not working.
 - Determined two separate programs did not facilitate good client care.
 - Determined residential treatment had an 18% success rate in 2006.
 - Determined professional animosity negatively affected client outcomes.
 - Determined need for better cooperation between BHS/ASAP and other departments.



Integration

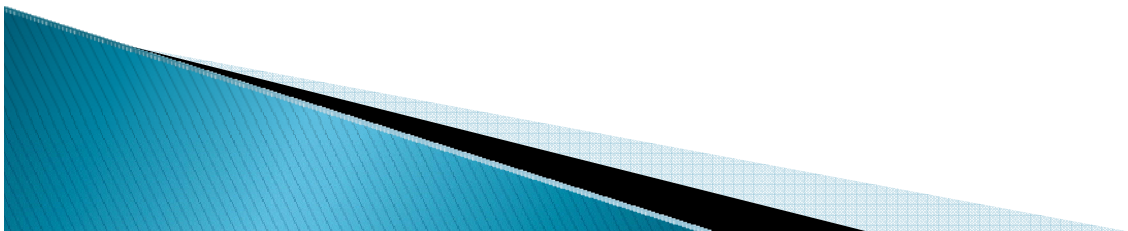
- ▶ BHS and ASAP were integrated into one program.
 - This allowed clients to need only one intake to receive both mental health and substance abuse treatment.
 - This allowed for a integrated compliance report to be created for reporting client treatment compliance.



Integration

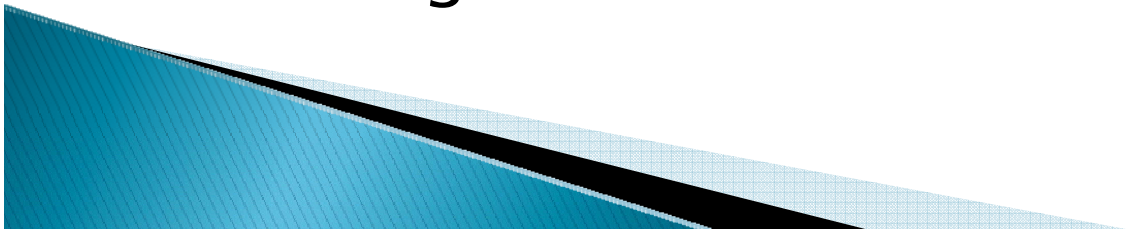
▶ Addressing Professional Animosity

- Frank discussions were held to address animosity
- Mental health counselors appeared to feel they were superior because they had advanced degrees and the formal knowledge necessary to treat clients.
- Substance abuse counselors appeared to feel that they were superior because they had life experience and could directly relate to the clients.



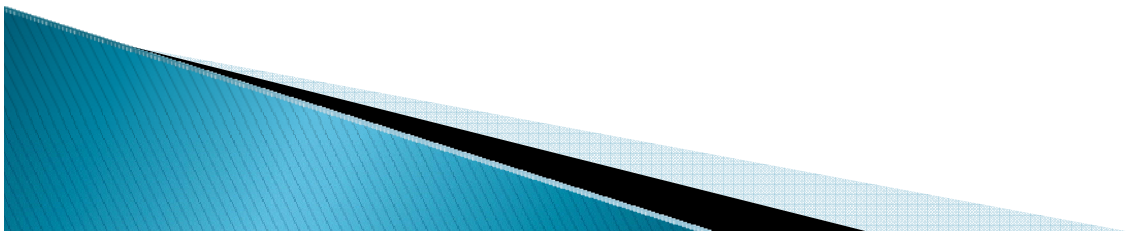
Integration

- ▶ Discussions appeared to work to break down barriers to integrated treatment.
- ▶ Mental Health and Substance Abuse professionals worked together to develop a genuine nine hour a week IOP.
- ▶ Nine BHS/ASAP staff, two CPS staff, and one probation officer attended the Matrix Model training for Native Americans.



Integration

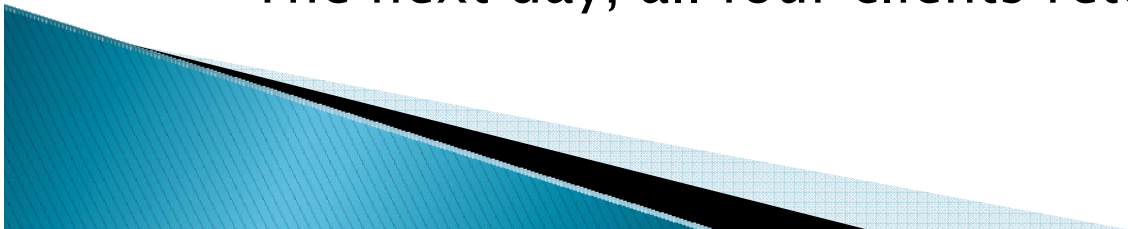
- ▶ It was determined that the IOP program would begin February 5, 2007.
- ▶ Other departments were advised of the start date.
- ▶ As the date approached, staff resistance increased.
 - Staff did not want to work in the evenings after 5 pm even though it was determined extended hours were necessary.
 - Staff appeared to again become resistant to the idea of groups being co-facilitated by both a substance abuse counselor and a mental health therapist.



Integration

► First Day

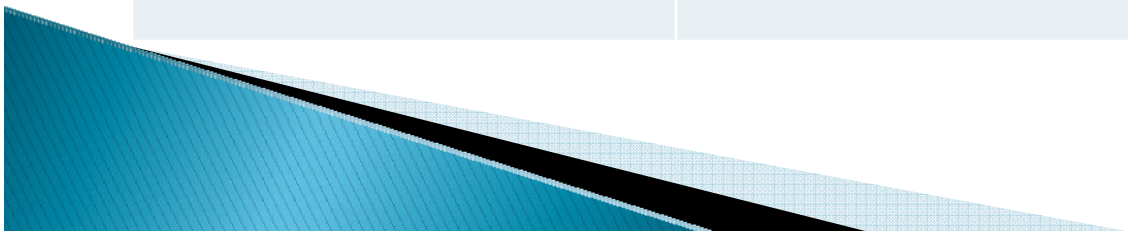
- Four clients showed up for the group.
- All four clients were very angry about the idea of a nine hour a week IOP program.
- Clients rebelled and stated they did not have to be there for that long.
- Clients were given one homework assignment to find out from the court if they had to attend 9 hours a week and group was let out early.
- The next day, all four clients returned.



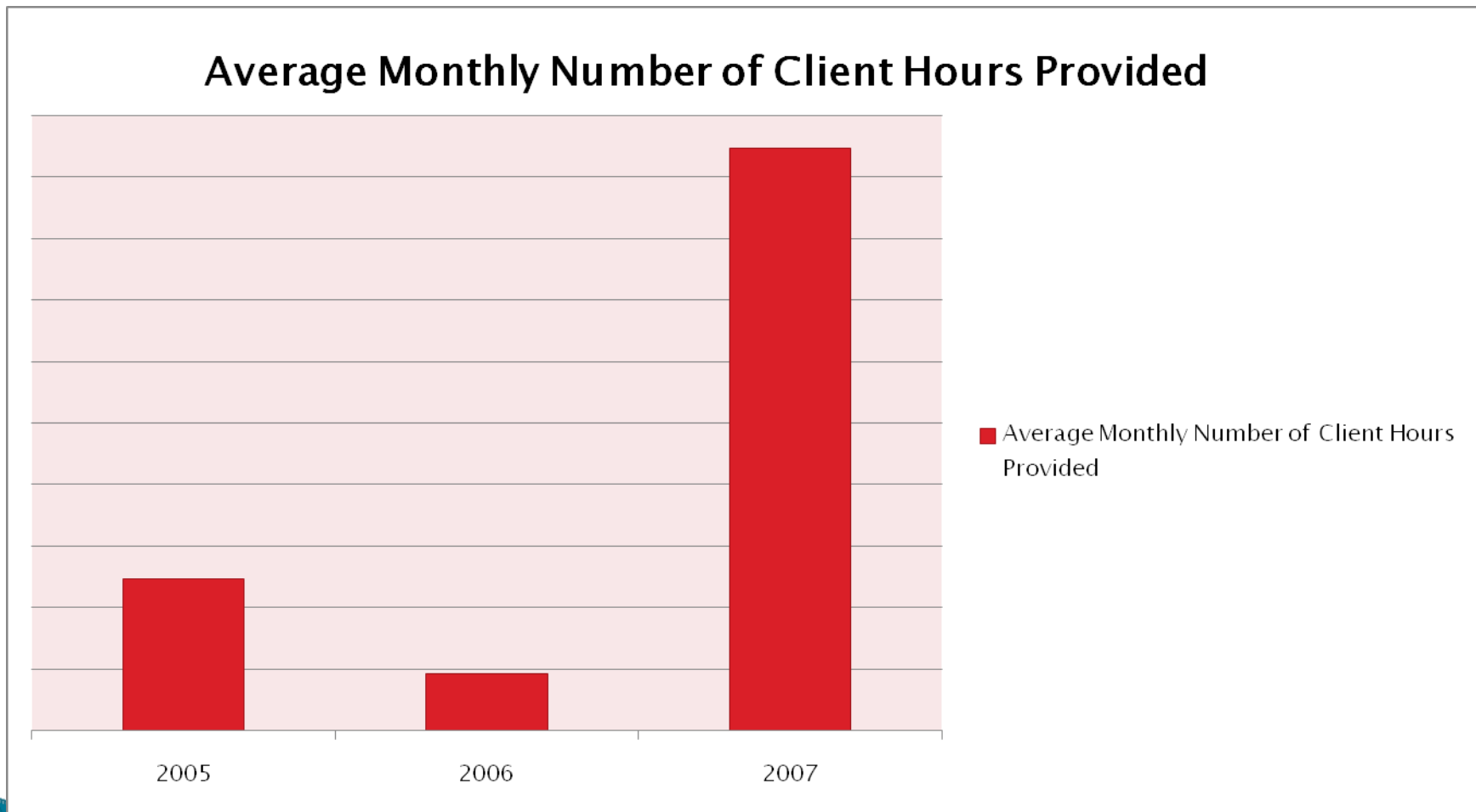
Accomplishments

► Success Rates

	2005	2007
TREATMENT OF CHOICE	Residential	Intensive Outpatient (IOP)
RATE OF SUCCESS	18%	50-60%
COST TO THE TRIBE	100's of Thousands	None
REVENUE GENERATED	None	\$100's of Thousands

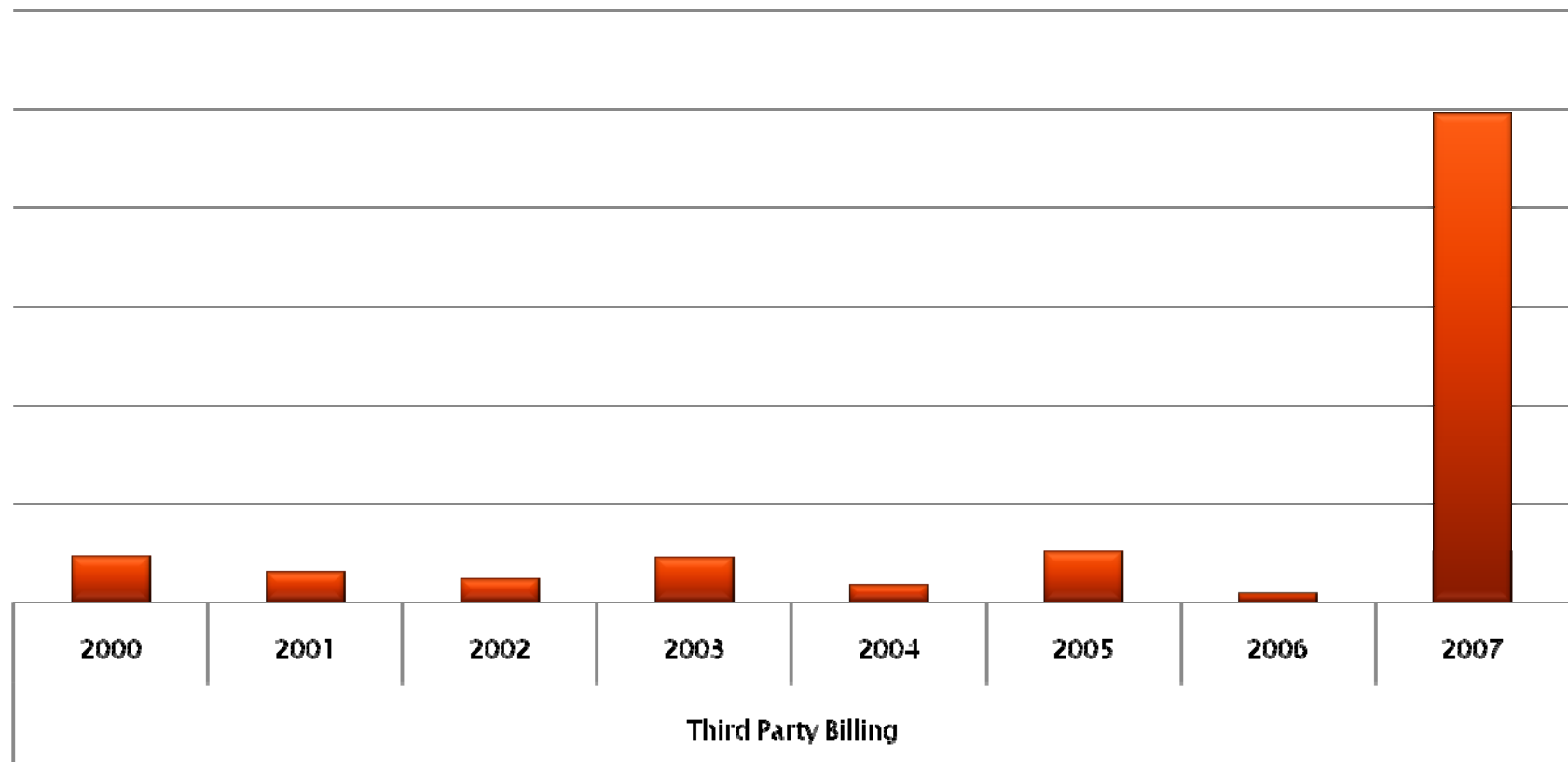


Accomplishments



Accomplishments

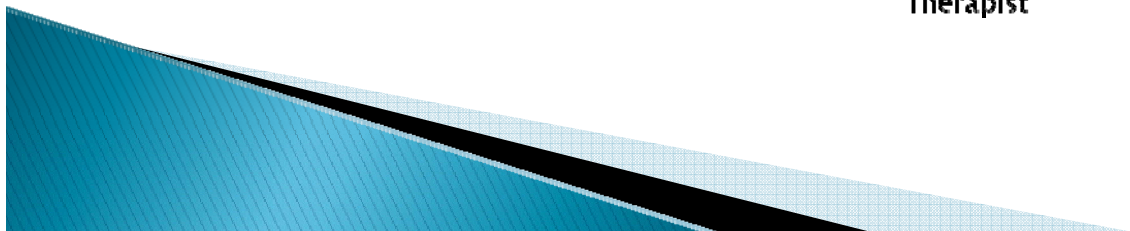
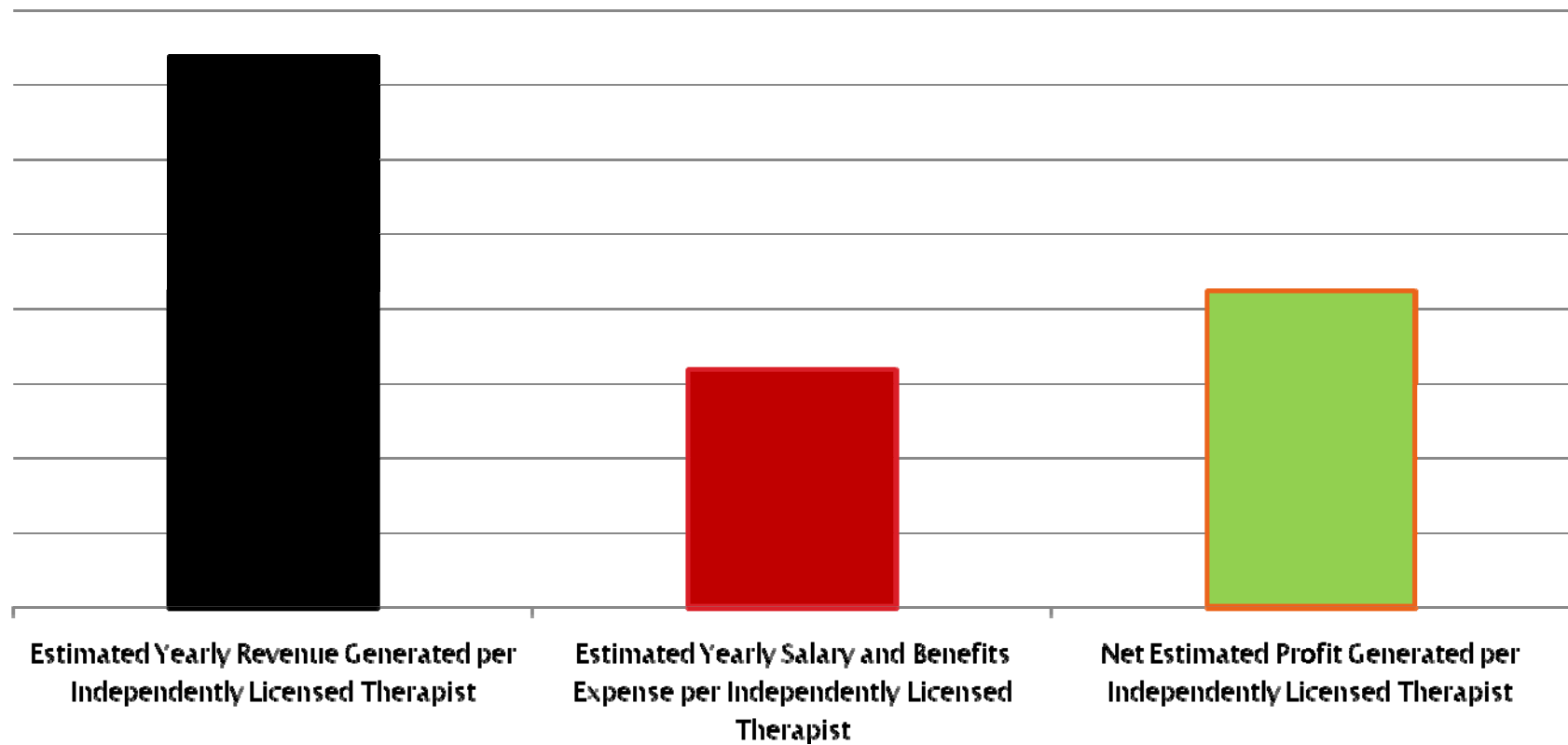
Revenue Generated per Year



Third Party Billing

Accomplishments

Cost Benefit Analysis of Salaries



Accomplishments

MIKE FOGARTY
CHIEF EXECUTIVE OFFICER



BRAD HENRY
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

August 8, 2003

Dear Indian Health Provider:

In order to be consistent with other Centers for Medicare and Medicaid Services Regions, the Oklahoma Health Care Authority will implement the following policy regarding Indian Health Medicaid providers effective August 1, 2003.

- The State shall receive 100% Federal Medical Assistance Percentage (FMAP) for services provided by Indian Health Service, Tribal 638, and Urban Indian Facilities (ITU) outside the ITU facility proper.
- Services provided outside the four walls of an ITU facility must be provided by Indian Health providers and billed by an ITU facility. If providers are not employed by the ITU facility, the providers must be under contract with the facility and the ITU facility must bill for services.
- Services provided outside ITU facilities must include at least one state plan service.
- Services provided may be billed at the Office of Management and Budget (OMB) rate established for Indian health providers.
- There shall be no retroactive payments prior to August 1, 2003 under this policy.
- Only one OMB compensable encounter may be billed within a 24-hour period per facility, including satellites of that facility.

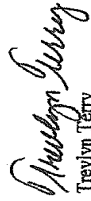
Examples of Medicaid services provided outside the facility:

- 1) ITU physician travels to another community in a mobile clinic and provides covered health services.
- 2) ITU dentist applies dental sealants to children's teeth at a school.
- 3) ITU facility contracts with a specialist to conduct a specialty clinic at the specialist facility. The ITU facility must bill for the specialist' services.

The previous Oklahoma policy was that services provided outside the ITU facilities received the regular state FMAP and reimbursement rates.

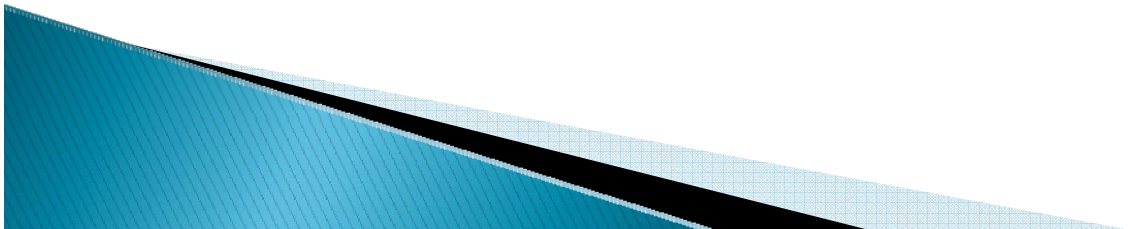
If you have questions or need additional training, please contact Debra Isham at (405) 522-7248.

Sincerely,


Trevlyn Terry
Manager, Tribal Programs

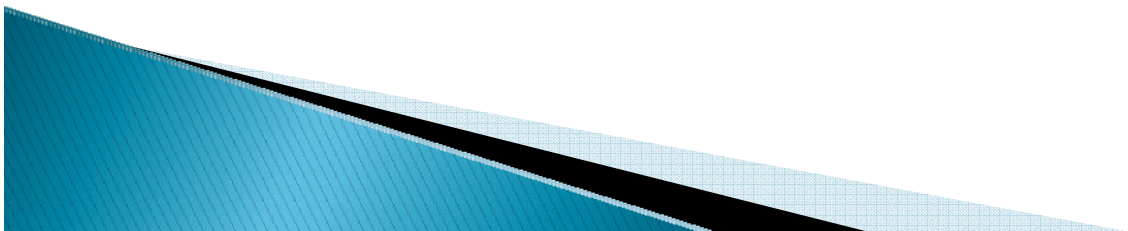
Challenges

- ▶ Lack of Space
- ▶ Integrating the Programs
- ▶ Pay Rates
- ▶ Morale
- ▶ Lack of Independently Licensed Therapists
- ▶ Difficulty Retaining Independently Licensed Master's Level Therapists
- ▶ Lack of Support Staff
- ▶ Lack of a Tribal Involuntary Commitment Code
- ▶ Lost Revenue



IOP Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9:00		Early Recovery	12-Step Group	Early Recovery	12-Step Group
10:00		Stages of Recovery	Relapse Prevention	Family Group	Relapse Prevention
5:00	Early Recovery	12-Step Group	Early Recovery	12-Step Group	
6:00	Stages of Recovery	Relapse Prevention	Family Group	Relapse Prevention	
2:00					Social Support



Jail Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	No Services Per Jail				
9:00	Request	Women's 12-Step Group	Men's 12-Step Group	Women's 12-Step Group	Men's 12-Step Group
10:00		Women's Living Skills Group	Men's Living Skills Group	Women's Living Skills Group	Men's Living Skills Group
2:00		Individual Therapy	Individual Therapy	Individual Therapy	Individual Therapy
3:00		Individual Therapy	Individual Therapy	Individual Therapy	Individual Therapy

